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ABSTRACT

Following a prefatory description of infant development and high-quality infant day care centers, this paper focuses on the construction of learning centers for infants and toddlers in day care. Issues for consideration are specified, and 18 different care/learning centers and 6 work sstations for parents/staff are briefly described. In addition to areas devoted to physical care, learning centers may focus on the following: listening, seeing, hearing, touching, fine motor skills, gross motor skills, and creativity, as well as activities dealing with: sociodrama, water and sand, fantasy, nature, quiet, construction, and adventure. Adult areas are oriented toward observation, parent involvement, office records management, planning, food preparation, and maintenance. Tables indicate relationships of each center station to individual and/or program development and specify possible locations of centers and expected users. (RH)

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TITLE: A Learning Center Approach To Infant Education

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A Learning Center Approach
to Infant Education

The need for high quality centers for infants and toddlers cannot be overstated and must not be underestimated. According to the U.S. Census Bureau, of the 12.5 million American women aged 18 to 44 with children under age 5, 48.2 percent were working - a 7.2 percent increase over 1977. An additional 1.7 million non-working, low-income mothers stated they would seek employment if they could afford an adequate child care service. Forty percent of the working mothers reported using unlicensed in-home care, 9 percent send their children to a child care center, and 6 percent enroll their children in a preschool or nursery. By 1990, it is projected that 80 percent of children under six will have working mothers and 50 percent of those children will require child care centers. Presently there are about 22,000 licensed day care centers and anywhere from four to twelve times as many unlicensed facilities in the United States.

The above statistics clearly show that the nurturance of very young children is being increasingly supplemented by professional caregivers - people whose primary career responsibility is to foster positive attitudes toward learning and social interaction while concurrently monitoring growth and development. This cannot be considered a trend, but rather a way of life in America that is going to continue. Infant

education in child care centers is a growing profession of tremendous impact to our future because, through early interactions with people, sounds, and forms, future patterns of behavior and the feelings that accompany them are set in place (Adams and Taylor, 1983).

Quality Spaces for Infants

Many factors contribute to the development and maintenance of high quality centers, oneof the most important being the physical environment. Piaget (1972) has demonstrated that infants develop their cognitive processes by physically acting on objects. Through movements, they intake information about their environment to their senses, which then becomes generalized into concepts about the world. The physical setting, then, can be considered a teacher of infants in the sense that it contains the information available for the infant to learn. It is not surprising, then, that physical space has been found to be of profound importance in the behavior of children in child care centers (Day and Sheehan, 1974, Sheehan and Day, 1975). In an observational study, the behavior of children was categorized as growth-producing and, on the basis of that categorization, high-quality programs were deemed those in which growth-productive behavior was commonly observed. Analysis of the data revealed that in high quality programs the staff had given much attention to three environmental factors, each of which was related to children's behavior. They are 1) the physical setting and space utilization; 2) the availability of materials and how they are used; and 3) the quality and quantity of adult-care

nteraction within the physical setting.

In a high quality program for infants, caregivers must give thoughtful consideration tothe organization, contents and interaction within the center. Although it is recognized that an enclosed area typically is assigned to a caregiver (which thereby prohibits control of room size and shape), the more important functions of selecting displaying, creating, locating, and, in some cases, discarding contents of smaller areas within a center and determining usage of these areas are functions that are manageable by the caregiver.

Classrooms for preschoolers and primary-aged children are often organized into learning centers, a term used to describe a child-centered approach to teaching and classroom organization that recognizes individual needs and development. When applied to infant education in child care centers, it endorses the creation of small areas (or centers within a center) that focus on a central theme, skill, or type of activity. Just as the teaching of infants is unique in education, it follows that infant learning centers will also require attention to the "specialness" of the very young child.

Infant Development

Infant learning centers can and must address the total development of the infant. Cognitive/psychomotor activities are needed to promote and reinforce motor skills that lead to the development of cognitive processes. Affective developmentthen results from the feelings that accompany congnitive and psychomotor activities andprovides the fuel for later

involvement in higher-order activities. Programactivities, which include the efforts of the staff to facilitate cognitive/psychomotor and affective development of infants, are a direct part of an infant education center because they determine the level of quality. Further, because the sensorimotor period is characterized by an extraordinary evolution of the mind, centers must cater to the range of differences within infancy (Wadsworth, 1971). We recall a center for infants visited most recently. In one room a six-week old, a three-month old, and two very gregarious six-month old girls were comfortably interacting with each other andwith their caregiver. Entering the room a few minutes later were a seven-month old boy, a crawler whose age appeared to be about nine months, and a two-month old boy. In the adjacent room were nine toddlers-some almost walking, some very verbal, some almost toilet trained, one not talking at all, and one in leg braces. The commonality within the two rooms is that all were infants, but the scope of individual development that spans this period is greaterthan in any other stage. Yet the education program is responsible for meeting the needs of each infant, regardless of age or present characteristics.

Creating Centers Within a Center

There are many infant learningcenters that can be developed, depending on program goals, staff philosophy, and the characteristics of the infants and families served (Cataldo, 1983). Although it can be argued that staff areas are separate from infant areas, it is our opinion that all areas that foster

TABLE 1 - DEVELOPMENT IN INFANT
LEARNING CENTERS

Center	Development			
	Cognitive/ Psychomotor	Affective	Program	
Changing	X	X		
Toileting	X	X		
Sleeping	X	X		
Eating	X	X		
Listening	X	X		
Seeing	X			
Hearing	X			
Touching	X			
Fine Motor	X			
Gross Motor	X			
Creativity	X	X		
Sociodramatic	X	X		
Water/Sand	X	X		
Fantasy	X	X		
Nature	X	X		
Quiet	X	X		
Construction	X	X		
Adventure	X	X		
Observation			X	
Parent Involvement			X	
Records	X	X	X	
Planning			X	
Food Preparation	X	X	X	
Maintenance			X	

TABLE 2 - PROBABLE LOCATIONS AND USES
OF INFANT LEARNING CENTERS

Center	Location		USERS					
	Indoor	Outdoor	0-3m	Pre-Walking	Toddlers	Staff	Parents	
Changing	X		X	X				
Toileting	X				X			
Sleeping	X		X	X	X			
Eating	X		X	X	X			
Listening	X		X	X	X			
Seeing	X		X	X	X			
Touching	X		X	X	X			
Fine Motor	X		X	X	X			
Gross Motor	X	X	X	X	X			
Creativity	X			X	X			
Sociodramatic	X			X	X			
Water/Sand	X	X		X	X			
Fantasy	X	X		X	X			
Nature	X	X		X	X			
Quiet	X			X	X			
Construction	X	X		X	X			
Adventure		X		X	X			
Observation	X	X				X	X	
Parent	X					X	X	
Records	X					X		
Planning	X					X		
Food Preparation	X					X		
Maintenance	X	X				X		

or lead to infant care and development, such as observation centers, record keeping areas,and staff planning areas, are part of the infant education program and therefore deserve equal consideration. We also realize that areas for staff are typically not provided because of limited speace. However, because we stress the importance of staff to a program's quality, provisions for caregivers must be provided. Table 1, below, which lists centers that will bediscussed later, highlights the development of infants or the infant program that can be addressed through a learning center approach.

(Insert Table 1)

Several questions should be considered when organizing an infant care program into centers. Who will be using the center? The staff, parents, toddlers, younger infants. . . these are determinants of center content. Where will the center be located? Traffic patterns, windows, outlets, and wather availability influence the identity of areas inside. Outside areas can be developedaround natural land features; structures in existance can be modified to accomodate the safety and interests of the very young. Table 2, below, shows the possible locations of some centers and identifies their prime users.

(Insert Table 2)

In designing indoor centers, most can be extended to accomodate the range of infant characteristics, as shown in

Table 2. Ages suggest activities particularly valuable for a developmental level, but there are no fixed guidelines. Sometimes it is appropriate to make distinctions among centers for smaller infants, mobile infants, or for both.

Efficient methods of creating small learning centers or sectioned areas in infant education areas include the use of rugs, low shelves, sofas, sociodramatic equipment, climbers, water and sand tables, moveable bulletin boards -to cite only a few pieces of equipment that can easily serve as room dividers. Centers that promote program development, such as staff work areas, observation centers, and parent centers, can be developed in separate rooms, entrances, or other areas not trafficed by infants.

Learning Centers in Infant Education

Changing: All infant centers need facilities for diapering. Soap, washcloths, lotion, powder, diapers, and a diapering table are among the basic supplies needed to accomodate physical care. A flannel board mounted to the wall, pictures, rattles, mobiles, and musical toys should also be available to foster cognitive and affective development. Caregivers typically use these moments to communicate affection through gestures, songs and conversation. A closed cabinet in this area is preferred for storage;files on each infant are easily used for observational notes on daily occurrences that should be related to parents.

Toileting: For toddlers, an area for toilet training can be in a specially designed, separate bathroom or in a petitioned area containing potty chairs. Necessary cleaning supplies and wather should be available.

Sleeping: A separate, carpeted quiet area that contains a sanitized crib for each infant (or a cot for each toddler) should be free of abstractions and ventillated before use (Adams and Taylor, 1983). A rocking chair, cuddly toys, and books can assist this center in functioning as a comfort area when not needed for sleep.

Eating: High chairs for infants, family style small tables and chairs for toddlers, and rockers for the very young and their caregivers can make this a multi-age center. Gentle stimulation of visual and auditory development can also occur through occasional quiet music and interesting pictures as wells as use of tables for creative activities.

Listening: For the very young, aselection of rattles, which also foster fine motor, eyehand, and reaching shells, can be housed in a relaxed area along with musical toys such as music boxes, bells, a xylophone. One low table, perhaps next to a sofa, a record player and records will interest toddlers. Rhythm instruments can be made available as interest is displayed.

Seeing: Large and small, bright and dull, shiny and wrinkled round and square are among some of the visual features that can be hihglighted through the selection of materials. A full length (unbreakable, of course) mirror, flannel board, some puzzles, visually detailed top, wall hangings, and staff

made materials can be displayed in this center.

Touching: Toys that assist infants in distinguishing betwen rough and smooth textures should be placed on low shelves. Cloth books, rugs, texture cards, and "feelie" boxes can contribute to a heightening awareness of the sense of touch.

Fine Motor: Equipment such as puzzles, busy boxes, nesting and stacking toys, covered containers, surprise toys, and sort games not only exersise small muscles, but contribute to problem solving skill development. It is particulary important that materials in this center be rotated to maintain interest. Age appropriateness is necessary to foster stimulation and a sense of mastery of tasks.

Gross Motor: Equipment that assists the development of large muscles should be safely located in uncrowded areas inside or outside the center. Exercise mats, climbers, riding toys, steps, a rocking rowboat, large blocks, and push-pull toys are among the media that can be arranged on a carpeted area. It is important that gross motor equipment also be rotated to maintain interest in these areas.

Creativity: A variety of art activities can be offered to infants under the careful supervision of a care giver. Paints, both for the easel and table top, crayons, collage material, paste and glue, and finger paints, can assist older infants in developing fine motor and visual perception skills while providing experiences for creative expression. Planned activities which are not structures forward a final product can be enjoyable.

Sociodramatic: In an area decorated to suggest family home living, arrangements of child-sized kitchen props, dress-up clothes, and housekeeping equipment can assist older infants in practicing language and adjusting to one another. As object permanenice is mastered, children are apt to begin pretending and role playing. Pots, pans, and utensils, must be safe for young children. Empty boxes and cans should be changed frequently.

Water/Sand: The most popular outdoor feature for children is water, followed by sand. A water table housed inside, can easily be rolled outdoors; it also doubles as a sand table. Equipment that fosters sorting, pouring, mixing, and balancing should be housed on low shelves. A sand box outdoors should be large enough for comfortable parallel play, supported by funnels, sifters, dishes, pails, and shovels stored in a nearby trunk. Rotation of support materials maintains interest. Vocabulary and emotional control are among the skills premoted in this area (Adams and Taylor, 1981).

Fantasy: Free, unrestricted thinking, similar to pretending, begins with the asset of object permanence, but can be fostered at earlier ages. Stimulating creative, sensory media can be placed in enclosed areas, such as a play house, outdoors or inside. Puppets, dolls, a theater or small stage, and appropriate, safe accessories will stimulate expressive language and understanding of self and others, skills which can result from fantasizing rates and activities.

Nature: An inside interest table containing magnifying glasses, containers for collecting rocks, shells, etc., can be located near a window. Outside-the natural world-should allow for an appreciation of nature by maintaining an attractive, clean environment.

Quiet: Picture books of cardboard and cloth can be placed on low shelves along with magazines and catalogs to promote an interest in books and expressive language. Mounted pictures on themes can be assembled by the caregiver to nurture infants' interests. A sofa or rocking chair allow for individual story-telling. Flannel boards and cutouts can also be placed in the quiet area. Soft pillows, picture-word cards and fold-up books can be placed on the floor for very young infants to look at.

Construction: Organized by size on shelves, blocks and their accessories facilitate fine and gross motor control for infants. Other constructing toys, such as bristle blocks, Lego, and colored cubes, assist infants in making smaller structures or adding to bigger structures. To facilitate interest and imagination, caregivers need to assist infants in placing, carrying, and elaborating their designs and constructions.

Adventure: A raised platform, relative to the smallness of the infant, with a secure railing provides fun, privacy stimulation for pretending, and "daring to try." A bridge spanning a small hole takes courage to cross, as does a slide (in the ground). Swings for older infants can gradually allow the infant time to move freely in space as the caregiver adjusts

the push to the individual. Fun, exciting equipment that is safe and secure provides an outlet for emotionalconcerns even for the very young.

Observation: A small, centrally located room with a one-way mirror is ideal for observing the infants and monitoring the program. Check-lists, appropriate to need, should be organized and easily available. Because infant centers do not typically provide for systematic evaluation does not mean it should not be an ongoing staff activity as it is with older children. If a separate room is not available, this important practice can be undertaken by centrally locating instruments and then observing from various appropriate locations.

Parent Involvement: A bulletin board containing pictures of infants involved in activities conveys program quality and comfort to the parents that proper care is administered to their baby. A sitting area containing informative pamphlets, books, and community information can help a parent confer with a teacher or relax a few moments after a hectic day. Perhaps this area can be shared with the staff.

Records: Located near the entrance, a well-organized office area conveys professionalism. Monitoring licensing standards, children's behavior, immunizations, staff meeting notes are among the many details that benefit from good management skills. A phone, reception area, typewriter, stationary, and office supplies should be easily assessible to foster program development and parent relations.

Planning: Quality infant centers require planning, which takes

place best in a setting conducive to finding resources, developing materials, and sharing ideas. A separate area for the professional staff is absolutely necessary. Activity books, curriculum guides, and child development texts should be shelved. Art supplies will assist caregivers in developing materials. This will also be a suitable place for an occasional break during the day.

Food Preparation: Depending on the services offered by the center, the range of equipment will vary. This center should be organized to ensure cleanliness, efficiency, ease of working and, most of all, the preparation of balanced meals.

Maintenance: Caring for the center, indoors and outside, requires equipment and supplies located in safe, accessible closed spaces. Because clean-up may be required frequently, supplies must be organized in predictable places and available as needed by a situation or area.

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